



**Revalidation class rating  
SPA / SEP / TMG**

Applicant's Swiss/JAR licence number:

**Training / experience report form**

**Applicant** last name: \_\_\_\_\_ first name: \_\_\_\_\_ date of birth: \_\_\_\_\_

place of birth: \_\_\_\_\_ place of origin: \_\_\_\_\_ nationality: \_\_\_\_\_

private address: postal code: \_\_\_\_\_ city: \_\_\_\_\_ street: \_\_\_\_\_

phone/fax home: \_\_\_\_\_ phone/fax office: \_\_\_\_\_

e-mail: \_\_\_\_\_ signature of applicant: \_\_\_\_\_

**Recapitulation of the experience and training for the revalidation of the CR SEP/TMG**

- a) CR SEP / TMG valid until: \_\_\_\_\_
- b) JAR Medical class  1 or  2 valid from: \_\_\_\_\_  
valid until: \_\_\_\_\_
- c) flight time within 12 months (on SEP / TMG / PA 46  
Piston) preceding the expiry date of the rating (MNM 12 HR) \_\_\_\_\_ hours
- d) PIC flight time within 12 months preceding the  
expiry date of the rating (on CR SEP / TMG / PA  
46 Piston) (MNM 6 HR) \_\_\_\_\_ hours
- e) take-offs and landings within 12 month preceding  
the expiry date of the rating (on CR SEP / TMG /  
PA 46 Piston) (MNM 12 each) \_\_\_\_\_ take-offs \_\_\_\_\_ landings
- f) training flight with FI(A) / CRI(A) (MNM 1 HR) \_\_\_\_\_ hour(s) date: \_\_\_\_\_ place: \_\_\_\_\_  
(on CR SEP / TMG) within 12 month  
preceding the expiry date of the rating

Confirmed by: **Instructor** last name: \_\_\_\_\_ first name: \_\_\_\_\_

Swiss/JAR licence number: \_\_\_\_\_

Foreign JAR-FI/CRI(A) has to enclose a photocopy of his corresponding JAR licence with entry FI(A) or CRI(A)

location & date: \_\_\_\_\_ signature of flight instructor: \_\_\_\_\_

**or** any other JAR proficiency check or skill test for a class or type rating or IR date: \_\_\_\_\_ place: \_\_\_\_\_  
enclose a copy of the appropriate form (first page only).

**Only for holders of a Swiss restricted commercial pilots licence (BB) according RFP/RPN**

Flight experience: \_\_\_\_\_ hours last 24 months \_\_\_\_\_ hours (MNM 48 hrs)  
last 12 months \_\_\_\_\_ hours (MNM 24 hrs)

**Data confirmed by the airport authority (authorized duty manager of Swiss airport authority)**

Send this form to **Federal Office for Civil Aviation FOCA, Flight Personnel, CH-3003 Berne**

Airport authorization number: \_\_\_\_\_

Last name of duty manager: \_\_\_\_\_ first name: \_\_\_\_\_

location and date: \_\_\_\_\_ signature of duty manager: \_\_\_\_\_

Rem. FOCA: The pilot will receive a new printout of his licence with an invoice. This licence will replace the previous licence.

FOCA internal use only:	
SEP/TMG(A):	date:
Remarks:	visum: